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**Medical Command**

**TOBACCO USE IN THE AIR FORCE**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFPD 40-1, *Health Promotion*, and establishes procedures to control tobacco use in Air Force buildings, facilities, vehicles, and aircraft. It also implements Public Law 104-52, section 636, 26 Nov 96, Executive Order 1997-08-09, *Protecting Federal Employees and the Public From Exposure to Tobacco Smoke in the Federal Workplace*, 9 Aug 97, DoD Directive 1010.10, *Health Promotion*, March 11, 1986, and DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994. It does not supersede or cancel other instructions that control smoking because of fire, explosive, or other safety hazards.

**SUMMARY OF REVISIONS**

**This document is substantially revised and must be completely reviewed.**

**1. Functional Area Responsibilities:**

**1.1. HQ USAF:**

**1.1.1. HQ USAF/CC.** The Chief of Staff establishes policies on the use of tobacco products (spit tobacco, defined by the Center for Disease Control and Prevention [CDC] to be loose tobacco used by dippers and chewers) and all types of smoking tobacco, to include cigars, in Air Force facilities.

**1.1.2. HQ USAF/SG.** The Surgeon General is responsible for mission support of tobacco cessation programs.

## **1.2. Installations and Units:**

1.2.1. Installation commanders enforce policies on the use of tobacco products.

1.2.2. Medical treatment facility commanders (MTF/CC) ensure tobacco product cessation classes are provided to active duty members, family members, and retirees. Cessation classes are also made available to employees of the federal government on a space available basis.

1.2.3. Medical and dental care providers ask individuals about their history of tobacco use at every encounter. They will use the guidelines in the Smoking Cessation Clinical Practice Guideline (AHCPR Pub # 96-0692) published by the US Department of Health and Human Services. For those individuals desiring a cessation program, providers will facilitate referral to the Health and Wellness Center (HAWC).

## **2. Program Elements:**

**2.1. Tobacco Use.** The Air Force discourages the use of all tobacco products.

2.1.1. The ill effects of tobacco use are well documented.

**2.2. Workplace.** The Air Force prohibits smoking (cigar, cigarette, pipe) and the use of smokeless (spit/loose tobacco) products in the workplace to protect the health of all workers.

2.2.1. The use of tobacco products is permitted only in designed tobacco use areas.

2.2.2. The Air Force recognizes equal work breaks for tobacco users and non-tobacco users.

2.2.3. The Air Force prohibits indoor tobacco use in all Air Force facilities, except in assigned government housing and recreation facilities specifically designated by the installation commander permitting indoor tobacco use (smoking). In such cases, the tobacco use area is designated and separate from common areas that non-smokers must utilize. The designated indoor tobacco use area may not be a public, common-use area, such as: restrooms, hallways, stairways, or offices. Installation commanders are encouraged to limit the size of these areas.

2.2.4. Tobacco use is prohibited in those recreation facilities that provide services for children.

2.2.5. The Air Force prohibits tobacco use in Air Force vehicles by all personnel, civilian or military.

2.2.6. The Air Force prohibits tobacco use in medical treatment facilities (MTF). Patients using tobacco must do so in a designated area and must have the attending physician's written order.

2.2.7. The Air Force prohibits tobacco use on Air Force or contract aircraft.

2.2.8. The Air Force prohibits students from using tobacco in any professional military education (PME) or formal training school to include: Basic Military Training, Officer Training Group, Airman Leadership School, Undergraduate Flying Training, and at the US Air Force Academy.

2.2.9. Points of ingress and/or egress (i.e. doors) to facilities, in addition to windows and air intake units/vents, are considered part of the workplace for the purpose of this instruction. Any designated tobacco use areas will be away from these points. Tobacco use area distance must be sufficient so as not to allow smoke to be drawn into the building through openings in doors, windows, and/or air intake units.

2.2.10. When possible, installation and/or squadron commanders designate outdoor tobacco use areas, which are reasonably accessible to employees and provide some protection from the elements.

2.2.11. Installation commanders ensure that all smoking areas are marked with signs: "Designated Tobacco Use Area." Butt cans and receptacles are located only in the designated outdoor area, not at doorways or in vestibules. Only fire, explosives, or safety hazard areas require "No Smoking" signs. Government housing does not require "Designated Tobacco Use Area" signs.

**2.3. Sale of Tobacco.** The Air Force prohibits the sale of tobacco products in medical treatment facilities.

2.3.1. The sale of tobacco from vending machines is strictly prohibited on AF installations.

2.3.2. No tobacco products are sold on the installation to anyone under the age of 18 years.

**2.4. Advertisement of Tobacco.** The Air Force prohibits advertisements for tobacco products in all official Air Force publications.

2.4.1. The distribution of tobacco samples on the installation is prohibited.

**2.5. Smoking in Lodging, Dormitory, and Housing Facilities.** The Air Force does not house smokers and non-smokers together, in the same room or adjoining rooms, in lodging and dormitory facilities.

2.5.1. Smoking is prohibited in all common areas of lodging, dormitory facilities, and family housing.

2.5.2. Smoking is allowed only in rooms designated for smokers. If a smoker is assigned a non-smoking room, smoking will not be permitted in the room.

2.5.3. If the smoke or odor from tobacco seeps from a smoking room into common areas or non-smoking rooms, the rights of the nonsmoker will prevail.

2.5.3.1. Commanders may designate areas or buildings in lodging, dormitories, or family housing smoke-free where there is a common air handling unit for multiple individuals or families (e.g. dormitories, stairwell housing, etc.) to ensure a healthy and safe environment for all residents.

2.5.3.1.1. When an area or building is designated smoke-free, provisions must be made to reasonably accommodate the smoker, e.g. an area or building designated for smoking.

**2.6. Education Programs:**

2.6.1. Health Promotion Managers (HPMs) ensure installation health promotion programs (to include HPMs in ANG units) incorporate education programs to discourage tobacco use.

2.6.1.1. Tobacco use risk education is provided at all work sites where the respiratory system has been identified as a target of occupational risk.

2.6.2. Both medical and dental providers inquire about the member's tobacco use history during all medical or dental examinations. All tobacco users receive professional information about the risks of tobacco use and, if desired, assistance and/or referral for cessation.

2.6.3. Using the “Stages of Change” behavioral model, tobacco cessation participants are evaluated on their readiness to change. Emphasis for cessation is for those identified in “contemplation” or “preparation” stages.

2.6.4. Tobacco cessation programs incorporate cognitive and behavior change strategies, the “cold turkey” approach, or the use of nicotine replacement therapy when appropriate.

2.6.5. Professionals with a background in behavior change therapies have oversight of the program structure and execution.

2.6.6. The MTF/CC appoints a provider from the MTF as the POC to assess appropriateness of nicotine replacement therapy, contraindications for use, and prescribes therapy as needed.

2.6.7. The MTF/CC ensures that tobacco cessation programs are available during both duty hours and non duty hours at least quarterly.

2.6.8. The HPM ensures evaluation of program success through follow-up surveys administered six months and 12 months after tobacco use has stopped.

**3. Application to Civilian Employees of the Federal Government.** Policies on local implementation of tobacco use conform to applicable local bargaining agreements.

3.1. Local bargaining obligations must be satisfied prior to implementation.

3.2. Address any concerns about this policy to the local Labor Relations Officer.

**4. Application to Contractor Employees and other Non-DoD Personnel.** This instruction applies to all contractor employees and other non-DoD personnel on Air Force facilities and in Air Force buildings, vehicles, and aircraft.

**5. Tobacco Use Measurement.** Unit fitness program testers query members about smoking at the time of annual fitness evaluations.

5.1. Unit fitness program managers report percentages of members who smoke to the HPM.

5.2. The HPM compiles installation statistics and forwards them to the Major Command along with the annual fitness report.

CHARLES H. ROADMAN II, Lt Gen, USAF, MC  
Surgeon General

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

Public Law 104-52, Section 636, Nov 26, 1996

DoD Directive 1010.10, *Health Promotion*, March 11, 1986

DoD Instruction 1010.15, *Smoke-Free Workplace*, March 7, 1994

AFPD 40-1, *Health Promotion*

***Abbreviations and Acronyms***

**AFI**—Air Force Instruction

**AFMOA**—Air Force Medical Operations Agency

**AFPD**—Air Force Policy Directive

**DoD**—Department of Defense

**HPM**—Health Promotion Manager

**MTF**—Medical Treatment Facility

**OPR**—Office of Primary Responsibility

**PME**—Professional Military Education

**POC**—Point of Contact

**SGOP**—Prevention Division